

# Part B - FEE(S) TRANSMITTAL

Complete and mail this form, together with all applicable fees, to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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Current Correspondence Address:

**PATENT DEPARTMENT**  
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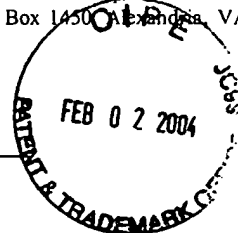
## CERTIFICATE OF MAILING

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 19, 2003.

Name of Person Mailing: Michael McGuire

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/248,371	02/08/1999	Anthony M. Lovell	10525/003001 (PT-003)	8678

### TITLE OF INVENTION :

### EFFICIENT TRANSMISSION OF DATA TO MULTIPLE NETWORK NODES

APPLICATION TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEES DUE	DATE DUE
nonprovisional	YES	\$650	\$0	\$650	8/19/2003
EXAMINER	ART UNIT	CLASS-SUBCLASS	If the SMALL ENTITY is shown as NO: A. Pay TOTAL FEE(S) DUE shown above, or B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check the box below and enclose the PUBLICATION FEE and 1/2 the ISSUE FEE shown above <input type="checkbox"/> Applicant claims SMALL ENTITY status. See 37 CFR 1.27.		
Philpott, Justin M	2665	370-400000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

- ☐ Change of correspondence address (or Change of Correspondence form PTO/SB/122 attached).
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47 attached).

2. For printing on the patent front page, list Skadden, Arps, Slate  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

### 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type):

(A) NAME OF ASSIGNEE:  
**Paltalk Holdings, Inc.**

(B) RESIDENCE: (City & State or Country) **New York, NY**

Please Note: Unless an assignee is identified in Block 3, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

Please check the appropriate assignee category indicated below:

- ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed:

- ☒ Issue Fee  
☒ Publication Fee  
☒ Advanced Order - # of copies 5

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account No. 19-2385 (enclose an extra copy of this form).

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee and Publication fee (if any) or to re-apply any previously paid Issue Fee to the application identified above.

(Authorized signature) 	(Reg. No.) 46,194	(Date) August 19, 2003	Note: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.
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